柏臻慈善信託
Cypress Charitable Trust
你的慢淋慈善機構 YOUR CLL Charity

By Electronic Delivery

3rd February 2024
Drug Management Committee Secretariat
Hospital Authority

Subject: Potential Reclassification of Zanubrutinib with Safety Net Coverage in HA Drug Formulary

Dear Drug Management Committee Secretariat

As trustee of Cypress Charitable Trust, a government approved charity (tax-exempt file no. 91/18591) advocating for betterment of our Chronic Lymphocytic Leukemia ("CLL") community, I appreciate the opportunity to submit our comments respectfully on the importance of expanding treatment options for CLL patients in Hong Kong by including Zanubrutinib (BRUKINSA®) into the safety net of the HA's Drug Formulary ("HADF"). CLL remains a significant healthcare challenge, particularly affecting the financially vulnerable elderly in our community.

It is commendable that Zanubrutinib is already available in the HA's pharmacies, demonstrating the HA's commitment to advanced healthcare solutions. Following the recent encouraging reclassification of Venetoclax with safety net coverage in HADF on December 16, 2023, it is advisable to build on this progress and ensure that patients have access to the full spectrum of evidence-based, effective CLL treatments. So, the purpose of this communication is to emphasize the necessity of making our CLL drug formulary as patient-centric as possible by providing comprehensive and continuous treatment options.

While it is understood that the formulary currently includes various novel drugs, the inclusion of Zanubrutinib is justified based on several compelling arguments rooted in continuous therapy options, international endorsement, clinical efficacy and progression-free survival (PFS), safety profile, and social benefits.

Continuous Therapy Options

CLL, like many cancers, possesses a propensity for developing resistance to treatments. Continuous therapy options, such as those provided by Zanubrutinib and Venetoclax, become indispensable for patients who encounter resistance to initial therapies or for whom a finite therapy regimen, such as the one provided by Venetoclax, is not appropriate. Zanubrutinib offers a sustained therapeutic approach, allowing patients to adhere to a treatment that aligns with their lifestyle and clinical needs, mitigating the stress and anxiety associated with the uncertainty of treatment duration.

International Endorsement

Zanubrutinib has recently received approval[1] from the FDA for the treatment of CLL, as documented in the report from the NCI dated January 27, 2023. This approval follows rigorous clinical investigation and is a testament to its therapeutic value. As of recently, adults living with CLL in Ontario and Quebec in Canada have public reimbursement[2] access to Zanubrutunib, a demonstrably effective treatment for this prevalent form of leukemia. The international medical community's recognition of Zanubrutinib should be mirrored in our formulary to maintain global treatment standards.

Clinical Efficacy and Progression-Free Survival (PFS)[3]

The clinical trials, SEQUOIA and ALPINE, have demonstrated that Zanubrutinib offers a statistically significant improvement in PFS compared to current treatment options, such as ibrutinib and the combination of rituximab with bendamustine. For instance, after 2 years of treatment with Zanubrutinib, more than 78% of patients exhibited no cancer growth, a stark contrast to the 66% observed in patients taking ibrutinib.

Safety Profile[3]

Zanubrutinib has shown a favourable safety profile, especially when considering heart-related side effects, which are a significant concern with other BTK inhibitors like ibrutinib. The ALPINE trial has indicated that atrial fibrillation, a serious heart condition, was less common with Zanubrutinib, and no heart-related deaths were reported in its group, emphasizing its safety advantage.

Social Benefits

Integrating Zanubrutinib into HADF with safety net coverage would enhance the social equity of our healthcare system. It would allow patients who cannot afford the self-financed route of this drug to benefit from its therapeutic advantages, promoting a more patient-centric CLL treatment approach.

Conclusion

I do appreciate the opportunity to contribute some perspectives of the community living with CLL about a more holistic and patient-centric CLL formulary in our city. I trust that the committee will consider this proposal with the gravity it warrants, recognising the profound impact such a reclassification of Zanubrutinib with safety net coverage would have on the lives of CLL patients in your governing hospitals.

[1] https://www.fda.gov/drugs/resources-information-approved-drugs/fda-approves-zanubrutinib-chronic-lymphocytic-leukemia-or-small-lymphocytic-lymphoma
[2] https://www.newswire.ca/news-releases/adults-living-with-chronic-lymphocytic-leukemia-cll-in-ontario-and-quebec-now-have-access-through-public-reimbursement-to-brukinsa-r-zanubrutinib--830323923.html
[3] https://www.cancer.gov/news-events/cancer-currents-blog/2023/fda-zanubrutinib-cll-sll

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Thank you for considering these comments.

Sincerely,

Mike Cheung
Trustee of Cypress Charitable Trust
https://www.cypresscharitabletrust.hk/